


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M25155 1. Entity Name HENRY COLE ENTERPRISES, INC.	
---	---

Principal Place of Business 1850 OLD DIXIE HWY STE B HOMESTEAD, FL 33033 US	Mailing Address PO BOX 901408 HOMESTEAD, FL 33090-1408 US
---	---

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2612384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARCUS, MICHAEL J  
317 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD0000632560  
02/21/07-80023-019 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YONON, DEBRA 16700 SW 276 ST HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, HENRY 1850 OLD DIXIE HWY., SUITE B HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTFC COLE-WEBB, MARCIA 355 NW 22 ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Cole Webb 2/9/07 305-245-6101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #